

PATENT NUMBER

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**O.I.P.E.**

**PATENT DATE**

**SCANNED**

**Q.**

APPLICATION NO. 09/753022	CONT/PRIOR	CLASS 119	SUBCLASS <i>50</i> <i>51.01</i>	ART UNIT 3643	EXAMINER <i>PRICE</i>
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## APPLICANTS

# FILE

21. *Journal of the American Medical Association*, 1990; 263: 1033-1036.

REF ID: A65-500

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12/89[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	<b>Sheets Drwg.</b>	<b>Figs. Drwg.</b>	<b>Print Fig.</b>	<b>Total Claims</b>	<b>Print Claim for O.G.</b>
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ _____ _____	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
				<b>ISSUE FEE</b>	
	_____ (Primary Examiner) (Date)			<b>Amount Due</b>	<b>Date Paid</b>
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	

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